



Application for Motor Vehicle Tint Station License

Please Read the Instructions



Print or type this application. You must answer all the questions. Incomplete applications will be returned. False answers may be grounds for license refusal. If you have questions about the application, please call 624-8934 or 624-8935.

Mail to: Maine State Police
Motor Vehicle Inspection Unit
20 State House Station
Augusta, ME 04333-0164

SBI Fee: \$15.00 (required for each owner)
Inspection Manual: \$8.00 (one required per station)

For office use only:	Station Number:
	Officer Assigned:

1	Legal Business Name of Station:
2	Mailing Address:
3	Physical Location if Different from Mailing Address:
4	Telephone Number of Business:
6	List your Business Hours:
7	Name of Owner:
8	Date of Birth of Owner:
9	Have you, the owner, <u>ever</u> had any criminal or motor vehicle convictions? ! Yes ! No If you answered yes, please explain on back page.
10	Does the station have the required tint meter equipment? ! Yes ! No

Agreement

I, the undersigned owner or authorized person of the business named above located at the above address agree to the following terms regarding the operation of this business if licensed as a tint station.

- 1- I and any employees of this business shall comply with Maine laws, rules and regulations governing tint laws and certifications.
- 2- If I or my employees do not comply with the applicable laws, rules and regulations, I understand that the tint station license may be suspended or revoked.
- 3- I agree that if the station license is terminated for any reason, I will surrender all State of Maine tint materials to the Maine State Police.
- 4- I certify that the above statements are true to the best of my knowledge. The Maine State Police has my permission to contact the people necessary to verify the statements on the application. I understand that any misstatements on this application shall be cause to deny issuing a license or shall be cause for a hearing concerning suspension of such license. **Any false information on this application may be punishable under 17-A MRSA §453.**

Date: _____

Signature: _____

State Police Use Only

This station is approved: !

This station is qualified for the following license. W

Date: _____

Signature _____
Trooper/Inspector

One-piece meter ☐ Two-piece meter ☐

Meter Make/model: _____ Meter Serial #: _____

! This station is not approved; see denial form.